



We begin with your future in mind.

BETTER SHREDDERS EQUIPMENT FINANCE/LEASE APPLICATION

Phone: 877-386-3522
Fax: 877-386-8688

COMPANY INFORMATION

COMPANY LEGAL NAME (INCLUDE DBA IF APPLICABLE)					CONTACT PERSON	
BILLING ADDRESS		CITY	STATE	COUNTY	ZIP CODE	TELEPHONE NUMBER
EQUIPMENT LOCATION - IF SAME AS ABOVE, PLEASE WRITE "SAME", I F NOT, PLEASE INDICATE					FAX NUMBER	
BUSINESS NATURE - INDUSTRY		WEBSITE ADDRESS		EMAIL ADDRESS		STATE OF INCORPORATION
DATE ESTABLISHED	YRS/CURR. OWNERSHIP	# OF EMPLOYEES	FED. TAX I.D. #	STRUCTURE OF OWNERSHIP <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corp.		

OWNERSHIP INFORMATION

PRINCIPAL #1 NAME		TITLE	% OF OWNERSHIP	SOCIAL SECURITY #	
HOME ADDRESS			HOW LONG	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE
PRINCIPAL #2 NAME		TITLE	% OF OWNERSHIP	SOCIAL SECURITY #	
HOME ADDRESS			HOW LONG	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE
PRINCIPAL #3 NAME		TITLE	% OF OWNERSHIP	SOCIAL SECURITY #	
HOME ADDRESS			HOW LONG	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE

BANK REFERENCE

BANK NAME	BRANCH LOCATION - CITY & STATE	OFFICER	PHONE NUMBER	
<input type="checkbox"/> CHECKING ACCT. <input type="checkbox"/> SAVINGS ACCT.	NAME ON ACCOUNT	ACCOUNT #	DATE OPENED	AVG BALANCE

VENDOR & EQUIPMENT INFORMATION

DEALER OR VENDOR NAME BETTER SHREDDERS	CONTACT PERSON	PHONE NUMBER	EMAIL
EQUIPMENT/SOFTWARE DESCRIPTION		MONTHLY TERM 12 24 36 48 60	EQUIPMENT COST \$

SIGNATURE REQUEST

By my/our signature on this Application, I/we hereby certify that all information contained in this application & attachments are true and complete and are made for the purpose of obtaining credit. I/we authorize JB II Funding Corp, and/or its assigns, to verify any of the information above from whatever source it deems appropriate, which authorization shall extend to obtaining and review of my/our personal credit from a national credit bureau and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. I/we authorize any of the above references to release credit information to JB II Funding Corp. and/or its assigns. I/we also hereby authorize JB II Funding Corp to send our company correspondence via fax, email or any other electronic transmission as it deems necessary. I/We understand that by providing the fax number(s) and email address above, on behalf of the company specified above, I/ am authorized to and hereby consent for the Company to receive faxes sent by or on behalf of JB II Funding Corp and its affiliates. I acknowledge my rights under the F.C.R.A. It is understood that this Application shall remain the property of JB II Funding Corp. whether or not credit is granted and that this constitutes an application only and shall not be binding upon either JB II Funding Corp. or the applicant. By signature, I/we affirm my/our identity as the respective individual/s identified in the above Application. If this Application for business credit is denied, you have the right to a written statement of the specific reasons for denial. A facsimile of this application with signature shall be considered to be an original.

X _____ DATE SIGNATURE - PRINCIPAL #1

X _____ DATE SIGNATURE - PRINCIPAL #2

X _____ DATE SIGNATURE - PRINCIPAL #3